## KENTUCKY REGISTRY OF ELECTION FINANCE

140 Walnut Street, Frankfort, KY 40601-3240 (502) 573-2226 / FAX (502) 573-5622 W

Mailing address (including city, state and zip)			<u> </u>
Name			
	Home Telephone Number: E-mail Address:	(	<del>-</del>
CUSTODIAN OF FINANCIAL RECORDS INFORMATION: (if other than treasurer)	Daytime Telephone Number:	()_	<del>-</del>
Mailing address (including city, state and zip)			
Name			
	Home Telephone Number: E-mail Address:		<del>-</del>
TREASURER INFORMATION:	Daytime Telephone Number:	, ,	
Mailing address (including city, state and zip)			
Name			
Nama		,	
CHAIRPERSON INFORMATION:	Daytime Telephone Number:  Home Telephone Number:	(	
NOTE: The chairperson and the treasurer of a committee			,
This committee is being organized as an Inaugural Committee in s elected to any state, county, city, or district office. KRS 121.015(3)(		ties for an	y candidate
Date committee plans to be active: From:/			
Mailing address (where committee receives mail including city, state and zip)	Daytime Telephone Numbe	r	Date Approved
Committee Name - Do not include candidate's name in committee name unless at 121.210(4). Acronyms are permitted but full title from which derived must be show		•	
		:	Date Received
INAUGURAL COMMITTEE REGIST	RATION	•	
www.kref.ky.gov	DATION.	•	
(302) 373-22207 FAX (302) 373-3022		•	

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REGISTRY USE :

CANDIDATE TO BE SUPPORT	ED BY COMMITTEE	:: 	
Name		// Date of Birth	Party Affiliation
Mailing Address (Including city, state and	d zip)		Office Held
Does the candidate's name appe	ear in the name of the	e committee?YES	NO
Has the candidate approved the		YESNO KRS S Authorization Box at bottom)	3 121.210(4)
Primary Depository - Designate	the depository bank	c or financial institution in which the c	committee will maintain its funds.
Name of bank or institution			
Mailing Address (Including city, state and	d zip)		
VERIFICATION BY OATH OR A	FFIRMATION		
We, the undersigned, state we are Committee Registration is true, or		d Treasurer of the above described c	ommittee and this Inaugural
Signature of Chairperson	Date	Signature of Treasurer	Date
CANDIDATE'S AUTHORIZATION	ON - (If Applicable)		
I,Print Candidate's N	lame	, hereby authorize the use of m	ny name by this committee.
		Signature of Candidate	Date